STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445390	A. BUILDING _____ B. WING _____	07/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PICKETT CARE AND REHABILITATION CENTER	129 HILLCREST DRIVE BYRDSTOWN, TN 38549

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS A recertification survey and complaint investigation #41911 and #41949 were completed on 7/24-26/17 at Pickett Care and Rehabilitation Center. No deficiencies was cited related to complaint investigation #41911. Deficiencies were cited related to the recertification survey and complaint investigation #41949 under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000		
F 225 SS=D	483.12(a)(3)(4)(c)(1)-(4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS 483.12(a) The facility must- (3) Not employ or otherwise engage individuals who- (i) Have been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. (4) Report to the State nurse aide registry or licensing authorities any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff.	F 225		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	Continued From page 1 (c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: (1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. (2) Have evidence that all alleged violations are thoroughly investigated. (3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. (4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by: Based on review of the mdical recordd review, review of the facility investigation, and interview,	F 225		

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F 225	Continued From page 2 the facility failed to report an allegation of abuse to the state agency within the required time frame. The findings included: Medical record review revealed Resident #51 was admitted to the facility on 12/14/16 and readmitted on 6/28/17 with diagnoses including Alzheimers, Parkinson's, Gastroesophageal Reflux Disease, and Benign Prostatic Hypertrophy. Medical record review of the 5 day MDS dated 7/5/17 revealed Resident #51 had a BIMS of 2, indicating he was severely impaired cognitively. Medical record review revealed Resident #61 was admitted to the facility on 7/3/17 with diagnoses including Paranoid Schizophrenia, Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Hypertension, and Gastroesophageal Reflux Disease. Review of the 14 day Minimum Data Set (MDS) dated 7/20/17 revealed Resident #61 scored 3 on the Brief Interview for Mental Status (BIMS) indicating she was severely impaired cognitively. Review of the facility investigation dated 7/20/17 revealed Resident #61 walked up to an Occupational Therapist and stated to her Resident #51 had "...walked up to her and asked her for some head." Review of the facility investigation revealed interview with Resident #51 revealed he stated "...did not touch her or anything else." Review of the facility investigation revealed the	F 225		

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F 225	Continued From page 3 allegation of abuse had been reported on 7/20/17 but the allegation was not reported to the State Agency until 7/25/17. Interview with the Director of Social Services on 7/26/17 at 10:30 AM in the Administration Office, confirmed the allegation of abuse was not reported in the 2 hour time frame as required.	F 225		
F 323 SS=D	483.25(d)(1)(2)(n)(1)-(3) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES (d) Accidents. The facility must ensure that - (1) The resident environment remains as free from accident hazards as is possible; and (2) Each resident receives adequate supervision and assistance devices to prevent accidents. (n) - Bed Rails. The facility must attempt to use appropriate alternatives prior to installing a side or bed rail. If a bed or side rail is used, the facility must ensure correct installation, use, and maintenance of bed rails, including but not limited to the following elements. (1) Assess the resident for risk of entrapment from bed rails prior to installation. (2) Review the risks and benefits of bed rails with the resident or resident representative and obtain informed consent prior to installation. (3) Ensure that the bed's dimensions are appropriate for the resident's size and weight. This REQUIREMENT is not met as evidenced by:	F 323		

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F 323	Continued From page 4 Based on facility policy review, observation, medical record review, and interview, the facility failed to ensure medications were secured during medication pass to prevent a potential accident hazards for 1 resident (#15) of 6 residents observed during medication pass. The findings included: Review of facility policy, Medication Administration General Guidelines, revealed "...No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications when unlocked..." Observation on 7/25/17 at 7:45 AM in the Hope Hallway revealed a medicine cup (#1) on top of the medication cart containing a light green and dark green capsule with white powder and a second medication cup (#2) containing a thick brown liquid on top of the medication cart, Continued observation revealed an 8 ounce plastic cup containing a white powder mixed in clear liquid. Further observation revealed Licensed Practical Nurse (LPN #1) removed a white pill from a blister pill pack and placed it into a medication cup (#3). Observation revealed LPN #1 entered room #102 A with medication cups #1, #2, and #3. Continued observation revealed LPN #1 returned to the medication cart with medication cup #1, #2 and #3 containing medications and placed the medications on top of the medication cart. Further observation revealed LPN #1 removed medications (Prednisone, Levothyroxine, Potassium, Eloquis, Sulfamethoxcozole, and Furosemide) from pill blister packs and placed them in a medicine cup (#4). Observation revealed LPN #1 left medication cups #1, #2,and #3 containing	F 323		

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F 323	Continued From page 5 medications on top of the medication cart while LPN #1 entered room #102 with medication cup #4. Continued observation revealed LPN #1's back was to the medication cart as she entered room #102. Continued observation revealed LPN #1 left medication cups #1, #2, and #3 containing medications on top of the medication cart unattended and entered room #104. Further observation revealed LPN #1's back was turned away from the medication on the medication cart when the LPN entered room #104. Medical record review revealed Resident #15 was admitted to the facility on 5/27/17 with diagnoses including Alzheimer's Disease, Anemia, and unspecified disease of the digestive system. Interview with LPN #1 on 7/25/17 at 7:49 AM in the hallway outside room #104 revealed LPN #1 was not aware the facility policy stated medications could not be stored on top of the medication cart and believed medications could be left unattended on the medication cart during a medication pass as long as the nurse passing the medication was on the unit. Continued interview revealed the medications left on the medication cart belonged to Resident #15. Interview with the Interim Director of Nursing on 7/25/17 at 9:45 AM on Harmony Hall revealed the facility did not permit nurses to leave medications on the cart during a medication pass if the medications were not under direct observation of the Nurse passing the medications. Continued interview confirmed the facility failed to ensure medications were not left unattended when not under the direct observation of the Nurse passing the medications.	F 323		

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F 431	Continued From page 6	F 431		
F 431 SS=D	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. (b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who-- (2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and (3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. (g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. (h) Storage of Drugs and Biologicals.	F 431		

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F 431	Continued From page 7 (1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. (2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on facility policy review, observation, and interview, the facility failed to dispose of expired medications on 1 of 3 medication carts. The findings included: Review of facility policy, Medication Storage, revealed "...Outdated...medications...are immediately removed from stock..." Observation on 7/25/17 at 2:33 PM at the Harmony Hall medication cart revealed a bottle of fish oil concentrate stored on the cart. Continued observation revealed the medication expiration date on the bottle was 4/2017. Interview with Licensed Practical Nurse (LPN #2) on 7/25/17 at 2:33 PM at the Harmony Hall medication cart confirmed expired medications should not be stored on the medication cart. Continued interview with LPN #2 confirmed the facility failed to remove the expired medication	F 431		

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F 431	Continued From page 8 from the medication cart per facility policy.	F 431		